DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Guidance for Applicants (GFA) No. SP 02-001
Part I - Programmatic Guidance

ECSTASY, OTHER CLUB DRUGS, METHAMPHETAMINE AND INHALANT PREVENTION INTERVENTION COOPERATIVE AGREEMENTS

Short Title: Ecstasy/Meth Interventions

Application Due Date: July 10, 2002

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Authority: Section 516 and Section 506B of the Public Health Service Act, as amended and subject to the availability of funds

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Action and Purpose

Congress has authorized the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention to announce the availability of Fiscal Year 2002 funds for cooperative agreements for developing, implementing and pilot testing Ecstasy, other Club Drugs and Methamphetamine and Inhalant Prevention Interventions.

Applicants may address either of the following two topics:

- Ecstasy and other club drug prevention interventions
- Methamphetamine and/or inhalant prevention interventions

Approximately $4 million will be available for one year.

- About $2 million will be allocated to ecstasy and other club drug prevention interventions.
- About $2 million will be allocated to methamphetamine and/or inhalant prevention interventions.

Approximately 12 awards will be made in total costs (direct and indirect) for up to $350,000 for one year.

- Approximately 6 awards will be made for ecstasy and other club drug prevention interventions
- Approximately 6 awards will be made for methamphetamine and/or inhalant prevention interventions.

Actual funding levels will depend on the availability of funds. Applications exceeding $350,000 in total costs will be considered non-responsive and will not be reviewed.

Funds may be used to pay for program model development, services, pilot testing and project reports.

Awards may be requested for one year. In future years, depending on the availability of funds and programmatic priorities, SAMHSA may issue an additional GFA to current recipients that builds upon

certain aspects of this pilot test program.

Who Can Apply?

Units of State and local governments or Indian tribes and tribal organizations, and domestic private non-profit organizations may apply.

These organizations can include:

- Community-based organizations
- Managed care and other health care delivery systems
- Universities and colleges
- Faith-based organizations
- City/county government units
- Local law enforcement agencies
- Other public and non-profit private entities

Application Kit

SAMHSA application kits include the two-part grant announcement (also called the Guidance for Applicants, or "GFA") and the blank forms (PHS- 5161, revised July 2000) needed to apply for a grant.

The GFA has two parts:

Part I - provides information specific to the grant or cooperative agreement. It is different for each GFA. **This document is Part I**.

Part II - has general policies and procedures that apply to **all** SAMHSA grant and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800 487-4889; **or**

- Download the application kit from the SAMHSA site at www.SAMHSA.gov. Be sure to download both parts of the GFA "grants" link.

Where to Send the Application

Send the original and 2 copies of your application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health, Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

NOTE: Effective immediately, all applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Please note:

- **!** Use application form PHS 5161-1.
- **!** Be sure to type:
  "SP 02-001, Ecstasy other Club Drugs and Methamphetamine and/or Inhalant Interventions" in Item Number 10 on the face page of the application form.
- **!** Please use the exact address listed above.

Application Date

Application is due by July 10, 2002

Applications received after this date will only be accepted if they have a proof-of-mailing date from the carrier no later than 1 week before the deadline date.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to get Help

For questions on *program issues*, contact:
Soledad Sambrano, Ph.D. or
Pamela C. Roddy, Ph.D.
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 1075
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9110
E-Mail: *ssambran@samhsa.gov*

proddy@samhsa.gov

For questions on *cooperative agreement management issues*, contact:

Stephen Hudak
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: *shudak@samhsa.gov*

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial Federal staff involvement.

The roles of Federal staff, awardees, and the Program Coordinating Center (PCC) in the Cooperative Agreement are highlighted below.

Role of Federal Staff:

- Review and provide substantive guidance and technical assistance regarding individual awardee designs, selection of measures, targets and analysis plans:
  - work with the PCC and the awardees using similar interventions to facilitate cross site evaluations to build the knowledge base related to the program's effectiveness.
  - collect, evaluate, report and disseminate individual study results.
- Monitor and review progress of awardees including conducting site visits.
- Participate in Program Coordinating Center meetings, as well as on advisory and other workgroups.

Role of Awardees:

- Collaborate with CSAP staff in project implementation and monitoring and with all aspects of the terms and conditions of ecstasy, other club drugs, methamphetamine and inhalants prevention interventions cooperative agreement.
- Participate in Program Coordinating Center cross site activities.
- Provide SAMHSA and the Program Coordinating Center with common data collected for

GPRA, the SAMHSA/CSAP Core Measures and other possible uses.

- Ecstasy and other club drug awardees work with the PCC on the preparation of a year-end Report to Congress.

Role of the Program Coordinating Center (PCC) which is funded under a contract:

1. Work with the Government Project Officer (GPO) and awardees to conduct an evaluation of the ecstasy, other club drugs, methamphetamine and inhalant interventions.

2. Prepare a year-end Report to Congress on the results of the ecstasy and other club drug prevention intervention projects.
   This report should discuss the scope of the problem, the state of the art of prevention interventions that can address the problem, and results of selected prevention intervention projects conducted.

3. Work with the GPO and awardees to collect GPRA and SAMHSA/CSAP Core Measures data in a data repository; maintain the repository; and provide periodic data summaries to the GPO and the awardees where appropriate.

4. Provide coordination, technical assistance, support and strategic and operational advice to awardees for the cross-site analyses.

5. Set up a meeting within 90 days of award.

6. Provide logistics for awardee meetings.

Funding Criteria

Decisions to fund a cooperative agreement under this announcement are based on:

1. The strengths and weaknesses of the application as identified by the Initial Review Group and approved by the CSAP National Advisory Council

2. Availability of funds

3. "In accordance with section 506 B of the Ecstasy Anti-Proliferation Act of 2000, 'The administrator will give priority in awarding grants under this section to rural and urban areas that are experiencing high rates or rapid increases in abuse and addiction to 3,4-methylenedioxy methamphetamine, related drugs and other club drugs.'"

Post Award Requirements

1. Program Reports:
   - Quarterly reports
   - Final report (including an evaluation section documenting the status of the study effort including analytical methods, process and final outcomes).

2. Final Financial Status Report

3. Compliance with data reporting requirements including but not limited to GPRA reporting requirements (See Appendix A)

Program Background

Ecstasy and Other Club Drug use by teenagers has increased over the past few years according to the *Monitoring the Future* study For example, among 12th graders, annual ecstasy use increased from 4.0 percent in 1997 to 9.2 percent in 2001 (Johnson, et al., 2001). This increase has led to Congress enacting the Ecstasy Anti-Proliferation Act of 2000 which authorizes this cooperative agreement program. Contrary to some popular opinion, these drugs are harmful, causing both stimulant and psychedelic effects. Ecstasy is scientifically known as 3,4-methylenedioxy methamphetamine, commonly referred to MDMA. It is one of a number of dangerous substances collectively referred to as "club drugs." The name, "club drugs, " derives from the fact that they are often used by young people who attend "raves" or all night dance parties at clubs and bars. In addition to ecstasy, other common substances used in this context include gamma-hydroxybutyrate (GHB), ketamine, Rohypnol (one of the "date rape" drugs), and LSD.

Methamphetamine use has also increased over the past several years and spread to a broader target population. While methamphetamine use was first associated with blue collar workers in Hawaii and the West Coast, it has now become a major problem throughout the West, Midwest and South and has spread to other population groups such as gay men. Methamphetamine, a very powerful and addictive stimulant, variously known as "speed," "meth," " chalk," "crank,' or "ice" is easily made in clandestine laboratories with relatively inexpensive over the counter ingredients.

Aiding and abetting this increased use of ecstasy, other club drugs and methamphetamine is the wide availability at clubs, gay bars, sex clubs and bath houses. Moreover, polydrug use is the norm, with many of the drugs listed above being used together along with alcohol, marijuana and PCP. Drug response does not always appear to be dose related. This may be because these drugs are usually not pure.

Need for both Traditional and Non-Traditional Interventions. There is a need to pilot test innovative approaches for ecstasy, other club drugs, inhalants and methamphetamine along with traditional prevention approaches that have been used for other substances and more traditional target populations such as children, youth and families.

Since the club drug culture is in many ways different from other more familiar traditional substance using cultures, it is important to gain a greater understanding of this culture and what works in terms of prevention. Club drug use, especially methamphetamine use, is strongly related to high risk sexual behavior, especially among men who have sex with men. Other users include urban youth and young adults who attend "raves" and heterosexual users. In addition to being popular among blue collar workers, methamphetamine is particularly popular in some niche workplace markets such as trucking.

Club drug users appear to be very media savvy so interventions could be developed that work in this venue. For example, the Internet serves as a powerful communication venue, alerting users to where various "raves" are going to be held.

Inhalant use continues to be a concern because of the low cost and ready availability in common household products. This makes inhalants particularly popular among young people who inhale vapors from these products in search of quick intoxication not realizing how dangerous and addictive they can be. Regular abuse is toxic to vital organs and even single use can disrupt heart rhythms and cause sudden death from cardiac arrest or depleted oxygen (NIDA, 2000).

Program Goals

This program has two goals.

- To determine how effective the selected prevention intervention program is in preventing, delaying or reducing ecstasy and other club drugs use by conducting a pilot test with 30 or more participants in a real world community setting.

- To determine how effective the selected prevention intervention program is in preventing, delaying or reducing methamphetamine and/or inhalant use by conducting a pilot test with 30 or more participants in a real world community setting.

Applicants may apply for either one of these goals but not both in one application.

Prevention intervention pilot programs can be conducted in either school-based or community-based settings. Applicants may also pilot test student-created anti-drug abuse prevention education programs that are effective and science-based.

Substance use data, including that for ecstasy, other club drugs and inhalants must be collected from all participating persons aged 12 and older for GPRA and should be collected from those aged 9-11 if possible. In addition, where possible, substance abuse-related data focusing on social, emotional, cognitive and physical development should be collected using appropriate SAMHSA/CSAP Core Measures.

Applicants should select, replicate and/or adapt and pilot test scientifically defensible prevention interventions for the drugs in question. These interventions should be culturally and developmentally

appropriate for the identified target population in the local community. Examples of interventions that applicants may want to consider are described in Appendix B. One reference cited in this Appendix is the SAMHSA publication, *Science-based Practices in Substance Abuse Prevention: A Guide* (Brounstein et al, 1998).

If applicants choose to pilot test an intervention that is not in this guide and/or one that is innovative and not yet fully tested, they should document the decision making process. They should present the underlying conceptual/theoretical model for the intervention, demonstrate that the intervention is theoretically related to the behavior in question; and clearly depict the empirical or conceptual link between the intervention and the desired prevention effects.

Detailed Information on What to Include in Your Application

For your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE
Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. *ABSTRACT*
Your total abstract may not be longer than 35 lines.

In the first 5 lines or less of your abstract, write a summary of your project that, if funded, can be used in publications, reporting to Congress, or press releases.

3. TABLE OF CONTENTS
Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM
Standard Form 424A. See Appendix B in Part II for instructions.

5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION
These sections describe your project. The Project Narrative is made up of Sections A through D. More detailed information of A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages.

- **Section A -** Description of the Project
- **Section B -** Project Plan (Design)
- **Section C** - Methodology, Data Collection, Analysis and Performance Monitoring

- **Section D** - Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support.

The support documentation for your application is made up of sections E through H. There are no page limits for the following sections, except for Section G, the Biographical Sketches/Job Descriptions.

- **Section E**- Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

- **Section F** - Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project.

- **Section G**- Biographical Sketches and Job Descriptions

  - Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch.

  - Include job descriptions for key personnel. They should not be longer than **1 page**.

  - *Sample sketches and job descriptions are listed in Item 6 in the Project Narrative section of the PHS 5161-1.*

- **Section H**- Confidentiality and SAMHSA Participant Protection (SPP).

The seven areas you need to address in this section are outlined after the *Project Narrative /Review Criteria Sections A - D Highlighted* section of this document.

6. APPENDICES 1 - 4

Use only the appendices listed below.

Don't use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider these).

Don't use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1: Letters of Coordination and Support including any Memorandum of Understanding (MOU) of an ongoing public health agreement.

Appendix 2: Data Collection Instruments and Interview Protocols

Appendix 3: Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

Appendix 4: Sample Consent Forms

7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS

Use the "Certifications" forms which can be found in PHS 5161-1. See Part II of the GFA for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES

Use Standard Form LLL (and SF LLL-A, if needed), which can be found in Form PHS 5161-1. Part II of the GFA also includes information on lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

11. INTERGOVERNMENTAL REVIEW (E.O. 12372)

Executive Order (E.O.) 12372 sets up a system for State and local government review of applications. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert him/her to the prospective application(s) and receive any necessary instructions on the State's review process. Part II of the GFA provides additional information about E.O. 12372.

Project Narrative/ Review Criteria–Sections A Through D Detailed

Sections A through D are the Project Narrative/Review Criteria part of your application. They describe what you intend to do with your project. A through D may not be longer than 25 pages.

Below you will find detailed information on how to respond to sections A through D.

- Your application will be reviewed against the requirements described below for sections A through D.

- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

- The number of points after each main heading shows the maximum points the review committee may assign to that category.

- Bullet statements do not have points assigned to them; they are provided to invite attention to important elements within the criterion.

- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assessed on the cultural aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

Section A: Description of Project **(15 Points)**

- Describe the need for the selected prevention intervention in the target population. This description should address the number, race, ethnicity, age and gender of the target population as well as its risk for ecstasy, other club drugs, methamphetamine and/or inhalant use. In addition, document other substance abuse and/or related problems such as HIV/AIDS, TB, mental disorders, violence and trauma, as reflected by incidence/prevalence rates.

- Identify the selected ecstasy, other club drugs, **or** methamphetamine and /or inhalant prevention intervention model that will be pilot tested. Document the model's effectiveness through a current literature review or preliminary supporting data, and provide a rationale for its choice. If planning on using an innovative model, describe the theory and research upon which it is based to make a case for its being effective

- Document the decision making process used to select the intervention program to be tested.

- Present a plan to gain acceptance of the chosen prevention intervention where participant cooperation is needed such as in school or community settings.

- Describe how the project will demonstrate the effectiveness of the proposed context- specific prevention intervention.

Section B: Project Plan (Design) (30 Points)

- Provide a detailed presentation of the intervention, how it will be pilot tested in the community.

- Present details of how the proposed pilot test is appropriate for the gender, age, sexual orientation or culture of the target population.

- If the intervention is to be modified, provide clear details on what these modifications will be and how they will be implemented.

- Describe what services comprise the intervention, dosage levels and costs.

- Provide letters of coordination and support and MOUs in Appendix 1.

- Describe how and from where the 30 or more participants will be recruited, enrolled and retained in the study and how attrition will be handled as well as the incentives that will be used.

- Describe who will be included and who will be excluded from your project in terms of basic socio-demographics, including age, gender, ethnicity, and other distinguishing characteristics.

- Specify how project quality/fidelity and project core concepts will be maintained in pilot testing the chosen intervention.

- Describe how the target population will be included in the project planning, implementation and evaluation of project results and if focus groups will be used for this purpose.

Section C: Methodology, Data Collection, Analysis and Performance Monitoring, (30 Points)

- Develop an evaluation plan to determine whether or not the intervention meets the GFA goals; that is, to determine its effectiveness for the target population. This evaluation should include both process and outcome measures and have a pre and post test design using at a minimum 30 participants.

- Specify what process and outcome measures will be used to test the intervention.

- Describe how substance use, including ecstasy, other club drug, methamphetamine and/or inhalant data on participants aged 12 or older and wherever possible on those aged 9-11 will be collected.

  - Describe how data will be collected on **related** problems for those under 12 and for other age groups where possible using the CSAP Core Measures which are available at www.PreventionDSS.org. These problems can include social, emotional, cognitive and/or physical development that precede and/or relate to substance use and abuse. Possible specific instruments selected from the core measures should be included in Appendix 2 of your application.

  - Describe plans to provide SAMHSA GPRA client outcome measures described in Appendix A for the PCC and the cross-site analysis. More information about GPRA is provided in Part II under the section with the same name.

- " Describe how your evaluation will consider factors, such as dosage, length of exposure to the intervention and participant risk level, i.e. severity of problems regarding substance abuse

- c Describe the strategies for data management, processing and clean-up, quality control, and confidentiality.

Section D: Project Management, Implementation Plan, Organization, Staff, Equipment/Facilities and Other Support (25 Points)

- c Provide a project management implementation plan, including a 12-month time line that displays each specific activity, the target date for completion, and the responsible person. This information may be presented in a table.

- c Describe the capability and experience of the organization and collaborating agencies with similar projects and populations. Include experience on the delivery of substance abuse prevention and other behavioral, emotional, social, cognitive and physical health services. Include your organization's past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics and other organizations, where appropriate.

- c Describe the proposed staffing plan that includes staffing patterns (e.g., rationale for percent of time for key personnel and consultants), and a description of the qualifications and relevant experience of the Project Director, other key staff, and the proposed consultants and/or subcontractors. This experience must pertain to the provision of substance abuse prevention interventions and other behavioral, social, cognitive and physical health services.

- c Describe the cultural capabilities of the staff to ensure cultural competence in communicating with the target population and in the proposed intervention.

- c Document the staff's experience, familiarity with, links to, and acceptance by the communities and the target population to be served.

- c Describe the relevant resources such as computer facilities and equipment as well as their location/facility in terms of space, accessibility (in compliance with the Americans with Disabilities Act) and environment.

- c Describe other resources not accounted for in the proposed budgets but necessary for the project, and plans for securing resources to sustain the project once Federal funding is terminated, or for reducing the project if it is not possible to obtain additional resources.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. **If any one of these 7 sections is not relevant to your project you must document why.** However, no points will be assigned to this section.

This information will:

- reveal if the protection of participants is adequate or if more protection is needed.
- be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- report any possible risks for people in your project,
- state how you plan to protect them from those risks, and
- discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

1. Protect Clients and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.

- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.

- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.

- Give plans to provide help if there are adverse effects to participants, if needed in the project.
- Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.

- Offer reasons if you do not decide to use other beneficial treatments

2. Fair Selection of Participants:

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

4. Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the sites. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, awardees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
  - If their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Risks from the project.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge gained from the project.

Appendix A

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAP GPRA Participant Outcome Measures for Discretionary Programs

ADULTS

RECORD MANAGEMENT

Participant ID
|____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race? (Select one or more)

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or Other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|
Month / Day / Year

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following:

Number of Days

a. Any alcohol |____|___|

b. Alcohol to intoxication (5+drinks in one sitting) |____|___|

c. Illegal Drugs |____|___|

2. During the past 30 days, how many days have you used any of the following:

Number of Days

a. Cocaine/Crack |____|___|

b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] |____|___|

c. Heroin [Smack, H, Junk, Skag], or other opiates |____|___|

d. Non prescription methadone |____|___|

e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstacy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline |____|___|

f. Methamphetamine or other amphetamines, [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] |____|___|

g. Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstacy; Ketamine, Special K, K, VitaminK, Cat, Valium, Rohypnol, Roofies, Roche] |____|___|

h. Inhalants [poppers, snappers, rush, whippets] |____|___|

i. Other Drugs--Specify_____ |____|___|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?

O Yes O No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?

_____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?

O Yes O No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?

O Yes O No

7. During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?

O Yes O No

8. How old were you the first time you smoked part or all of a cigarette?

____ years old If never smoked part or all of a cigarette please mark the box. **9**

9. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

____ years old If never had a drink of an alcoholic beverage please mark the box. **9**

10. How old were you the first time you used marijuana or hashish?

_____ years old If never used marijuana or hashish please mark the box. **9**

11. How old were you the first time you used any other illegal drugs?

_____ years old If never used any illegal drugs please mark the box. **9**

C. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (General Educational Development-Diploma)?

O Yes O No

D. ATTITUDES AND BELIEFS

1. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk

2. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk

3. How much do people risk harming themselves physically and in other ways when they:

   a. Have four or five drinks of an alcoholic beverage nearly every day?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk

   b. Have five or more drinks of an alcoholic beverage once or twice a week?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk

4. How do you feel about adults smoking one or more packs of cigarettes per day?
   - ○ Neither approve nor disapprove
   - ○ Somewhat disapprove
   - ○ Strongly disapprove

5. How do you feel about adults trying marijuana or hashish once or twice?
   - ○ Neither approve nor disapprove
   - ○ Somewhat disapprove
   - ○ Strongly disapprove

6. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?
   - ○ Neither approve nor disapprove
   - ○ Somewhat disapprove
   - ○ Strongly disapprove

7. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAP GPRA Participant Outcome Measures for Discretionary Programs

YOUTH - Age 12 and Older

RECORD MANAGEMENT

Participant ID
|____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender
   - ○ Male
   - ○ Female

2. Are you Hispanic or Latino?
   ○ Yes ○ No

3. What is your race? (Select one or more)
   - ○ Black or African American
   - ○ Asian
   - ○ American Indian
   - ○ Native Hawaiian or Other Pacific Islander
   - ○ Alaska Native
   - ○ White
   - ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|
   Month / Day / Year

DRUG AND ALCOHOL USE

1.During the past 30 days how many days have you used the following:		**Number of Days**
a.	Any alcohol	|____|____|
b.	Alcohol to intoxication (5+drinks in one sitting)	|____|____|
c.	Other illegal drugs	|____|____|

2. During the past 30 days, how many days have you used any of the following:

		Number of Days
a.	Cocaine/Crack	|____|____|
b.	Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]	|____|____|
c.	Heroin [Smack, H, Junk, Skag], or other opiates	|____|____|
d.	Non prescription methadone	|____|____|
e.	Hallucinogens/ psychedelics [PCP, Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstacy, XTC, X, Adam], LSD [Acid, Boomers**,** Yellow Sunshine], Mushrooms, Mescaline	|____|____|
f.	Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]	|____|____|
g.	Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstacy; Ketamine, Special K, K, Vitamin K, Cat, Valiums, Rohypnol, Roofies, Roche]	|____|____|
h.	Inhalants [poppers, snappers, rush, whippets]	|____|____|
i.	Other Drugs--Specify_____	|____|____|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?

O Yes O No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?

_____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?

O Yes O No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?

O Yes O No

7. During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?

○ Yes ○ No

8. On how many occasions (if any) in your lifetime have you had an alcoholic beverage-more than just a few sips?
   - ○ Never
   - ○ 1-2
   - ○ 3-5
   - ○ 6-9
   - ○ 10-19
   - ○ 20-39
   - ○ 40 or more

9. How old were you the first time you smoked part or all of a cigarette?

   _____ years old If never smoked part or all of a cigarette please mark the box **9**

10. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

    _____ years old If never had a drink of an alcoholic beverage please mark the box **9**

11. How old were you the first time you used marijuana or hashish?

    _____ years old If never used marijuana or hashish please mark the box **9**

12. How old were you the first time you used any other illegal drugs?

    _____ years old If never used used any illegal drugs please mark the box **9**

C. FAMILY AND LIVING CONDITIONS

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely
- **O** Not Applicable-no drug use

2. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?
   - ○ Not at all
   - ○ Somewhat
   - ○ Considerably
   - ○ Extremely
   - ○ Not Applicable-no drug use

3. During the past 30 days has your use of alcohol or other drugs caused you to have emotional problems?
   - ○ Not at all
   - ○ Somewhat
   - ○ Considerably

- ○ Extremely
- ○ Not Applicable-no drug use

D. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

E. ATTITUDES AND BELIEFS

! It is clear to my friends that I am committed to living a drug-free life.
- ○ False
- ○ Maybe
- ○ True

! I have made a final decision to stay away from marijuana.
- ○ False
- ○ Maybe
- ○ True

! I have decided that I will smoke cigarettes.
- ○ False
- ○ Maybe
- ○ True

! I plan to get drunk sometime in the next year.
- ○ False
- ○ Maybe
- ○ True

5. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk
   - ○ Can't Say/Drug Unfamiliar

6. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk
   - ○ Can't Say/Drug Unfamiliar

7. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk
   - ○ Can't Say/Drug Unfamiliar

8. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks nearly every day?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk
   - ○ Can't Say/Drug Unfamiliar

9. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks once or twice each weekend?
   - ○ No risk
   - ○ Slight risk
   - ○ Moderate risk
   - ○ Great risk
   - ○ Can't Say/Drug Unfamiliar

10. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
   - ○ Very wrong
   - ○ Wrong
   - ○ A little bit wrong
   - ○ Not wrong at all

11. How wrong do you think it is for someone your age to smoke cigarettes?
   - ○ Very wrong
   - ○ Wrong
   - ○ A little bit wrong
   - ○ Not wrong at all

12. How wrong do you think it is for someone your age to smoke marijuana?
   - ○ Very wrong
   - ○ Wrong
   - ○ A little bit wrong
   - ○ Not wrong at all

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?
   - ○ Very wrong
   - ○ Wrong
   - ○ A little bit wrong
   - ○ Not wrong at all

Appendix B References

BROUNSTEIN, P. J., ZWEIG, J. M., & GARDNER, S.(1998) Science-based Practices in Substance Abuse Prevention: A Guide. Working Draft, SAMHSA/CSAP. December 7, 1998.

JOHNSTON, L.D., O'MALLEY, P.M. & BACHMAN, J.G. (2001). Rise in ecstasy use among American teens begins to slow. University of Michigan News and Information Services; Ann Arbor, MI (On-line). Available:www.monitoringthefuture.org

MATHIAS, R. & ZICKLER, P. (2001). NIDA Conference Highlights Scientific Findings on MDMA/Ecstasy. *NIDA Notes*, 19. 1-7.

LESHNER, ALAN I. (2000). NIDA Research Report- Inhalant Abuse: *NIH Publication No. 00-3818*

Appendix C Glossary

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized with implementer/client involvement in all phases of the implementation process, as well as in the interpretation of outcomes (Achieving Outcomes, 12/01).

Cultural Competence Promotion - Educative interventions to develop capacity for culturally competent knowledge, attitudes, and behaviors. Typically they involve how to: avoid use of stereotypes and biases, identify positive characteristics of a particular group, increase readiness to take into account cultural differences, and use of language and terminology that will best convey culturally sensitive prevention messages to a particular group. (CSAP has sponsored the development of prevention training for various ethnic minority groups. See http://p2001.health.org/courses.htm).

Cultural Diversity - Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Sensitivity - The ability to recognize and demonstrate an understanding of cultural differences (Achieving Outcomes, 12/01).

Culture - The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people, who are unified by race, ethnicity, language, nationality, or religion, share.

Ecstasy and Other Club Drugs -Ecstasy is scientifically known as 3,4-methylenedioxy methamphetamine, commonly referred to MDMA or meth ,is one of a number of dangerous substances collectively referred to as "club drugs. " The name "club drugs" comes from the fact that they are often used by young people who attend "raves" or all night dance parties at clubs and bars. In addition to ecstasy (MDMA), other common substances used in this context include include gamma-hydroxybutyrate (GHB) , ketamine, Rohypnol (one of the "date rape" drugs), methamphetamine, and LSD.

Effective Intervention - One that has published references that are cited which document its effectiveness. These references can include both peer and non-peer reviewed journals. If the selected intervention results have not yet been published ,the applicant must justify its effectiveness in sufficient detail to convince the reviewers that it has empirical support. Other definitions of effective programs are provided in the Brounstein et al reference listed above. Simply cited an intervention as "exemplary or "model" is not sufficient, these citations must be supported by empirical evidence justifying the intervention's effectiveness..

Gender-specific substance abuse prevention interventions - Programmatic strategies and activities designed to prevent substance abuse among either females or males by addressing the risk and protective factors for substance abuse which are specific to females or males. These interventions should be based upon gender-specific theoretical models and should take into account the research literature on gender differences in risk factors and protective factors, in the relative importance of these factors, and in the consequences of substance use.

Substance abuse prevention theories, models, and programs to serve both females and males have been (a) traditional or generic, (b) gender-informed, or (c) gender-specific. In traditional or generic programs, boys and girls get similar interventions, but gender-specific differences in outcomes may be explored. In gender-informed programs, activities based on more traditional theories or models may be adapted to take into account research on effectiveness of different strategies for girls or boys. For example, the mode of presentation, setting, or sequencing of topics, etc. may be adjusted. In gender-specific programs, the theoretical underpinnings of programmatic activities take into account critical issues such as gender-role socialization and gender-role development. For girls, other important issues also include their tendency toward internalization, their strong relationship orientation, and power inequities in intimate relationships. (Please reference Amaro, et al.)

Inhalants- These are included in common household products as vapors and aerosols. Such products can include glues nail polish remover, lighter fluid, spray paints,deodorants, hair sprays, canned whipped cream , cleaning fluids, paints and gasoline. The dangerous chemicals found in these products as vapors and aerosols include amyl and butyl nitrite (poppers and video head cleaners respectively), benzene (found in gasoline) butane, propane
(found in lighter fluid), freon (used as a refrigerant and aerosol propellant) methylene chloride (found in paint thinners and removers, degreasers, nitrous oxide (laughing gas), hexane, toluene (found in gasoline, paint thinners and removers, and correction fluid) and trichlorethylene (found in spot removers and degreasers).

Science-Based Prevention - "Science-based" refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to aconsensus that evaluation research findings are credible and can be substantiated .From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research-or evidence-based. Experts analyze programs for credibility, utility, and generalizability. Credibility refers to the level of certainty concerning the cause and effect relationship of program to outcomes. Utility refers to the extent to which the findings can be used to improve programming, explain program effects or guide future studies. Generalizability refers to the extent to which findings from one site can be applied to other settings and populations. (Link tohttp://www.miph.org/capt/what.ssdp.html.) Lists of science-based programs are beginning to appear in CSAP and other internetsites, notably in the Centers for the Application of Prevention Technologies. (Link tohttp://www.captus.org.)

Science-Based Program - In CSAP's terminology, a program that is theory-driven, has activities related to theory, and has been reasonably well implemented and well evaluated (Achieving Outcomes, 12/01).